Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **November 1-15, 2005.** The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

| | RANTS | | 858 535 9663 P.02/03 | | | |
|--|--|--|---|--|--|--|
| APPLICATION FOR FEDERAL ASSISTANC | 2. DATE SUBN 11/14/2005 | MITTED | Applicant Identifier | | | |
| SF 424 (R&R) | <u> </u> | EIVED BY STATE | State Application Identifier | | | |
| 31 424 (H&H) | 11/14/2005 | LIVED DI GIATE | State Approaries Identified | | | |
| 1. TYPE OF SUBMISSION | 4. Federal Ide | entifier | h | | | |
| ☐ Pre-application ☑ Application ☐ Changed/Corrected Application | | | | | | |
| 5. APPLICANT INFORMATION | | * Organizational | DUNS: 0787316680000 | | | |
| * Legal Name: The Salk Institute for Biological Studies | | - Jersey | | | | |
| Department: Plant Biology Laboratory | Division: | gradutioned Address to the property of the state of the s | | | | |
| Street1: 10010 North Torrey Pines Road | Street2: | RECEIVEL | | | | |
| | nty: San Diego | NOV 4 4 200E | * State: CA * ZIP Code: 92037-1099 | | | |
| Country: USA | | NOV 1 4 2005 | | | | |
| Person to be contacted on matters involving this applicat | lion | STATE CLEARING HOL | | | | |
| Prefix: First Name: | Middle Name: | Service of the servic | st-Name: Suffix: | | | |
| Ms. Jean | [A. | Kod | | | | |
| Phone Number: (858)453-4100 F | ax Number: (85 | 58)535-9663 | Email: koczak@salk.edu | | | |
| 6. * EMPLOYER IDENTIFICATION (EIN) or (TIN): | | 7. * TYPE OF APPLICANT: | | | | |
| 95-2160097 | | J: Nonprofit with 501C3 if | J: Nonprofit with 501C3 IRS status (other than Institution of Higher Education) | | | |
| 8. TYPE OF APPLICATION: V New | | Other (Specify): | | | | |
| ☐ Resubmission ☐ Renewal ☐ Continuation ☐ F | Revision | Sma DenwO nemaW | all Business Organization Type Socially and Economically Disadvantaged | | | |
| If Revision, mark appropriate box(es). 9. * NAME OF FEDERAL AGENCY: | | | | | | |
| If Revision, mark appropriate box(es). | | 9. * NAME OF FEDERAL AG | ENCY: | | | |
| If Revision, mark appropriate box(es). . A. Increase Award . B. Decrease Award . C. Inc. | crease Duration | 9. * NAME OF FEDERAL AG | ENCY: | | | |
| | crease Duration | Office of Science | ENCY: DOMESTIC ASSISTANCE NUMBER: | | | |
| . A. Increase Award . B. Decrease Award . C. Inc | · · · · · · · · · · · · · · · · · · · | Office of Science | | | | |
| . A. Increase Award . B. Decrease Award . C. Inc. D. Decrease Duration . E. Other (specify) | · · · · · · · · · · · · · · · · · · · | Office of Science 10. CATALOG OF FEDERAL 81.049 | | | | |
| . A. Increase Award . B. Decrease Award . C. Inc. D. Decrease Duration . E. Other (specify) * Is this application being submitted to other agencies? | Yes No V | Office of Science 10. CATALOG OF FEDERAL 81.049 | DOMESTIC ASSISTANCE NUMBER: | | | |
| . A. Increase Award . B. Decrease Award . C. Inc. D. Decrease Duration . E. Other (specify) Is this application being submitted to other agencies? What other Agencies? | Yes∏ No√ | Office of Science 10. CATALOG OF FEDERAL 81.049 TITLE: Office of Science Fi | DOMESTIC ASSISTANCE NUMBER: | | | |
| . A. Increase Award . B. Decrease Award . C. Inc. D. Decrease Duration . E. Other (specify) * Is this application being submitted to other agencies? What other Agencies? 11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT | Yes No V | Office of Science 10. CATALOG OF FEDERAL 81.049 TITLE: Office of Science Fi | DOMESTIC ASSISTANCE NUMBER: | | | |
| . A. Increase Award . B. Decrease Award . C. Inc. D. Decrease Duration . E. Other (specify) * Is this application being submitted to other agencies? What other Agencies? 11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT | Yes No V | Office of Science 10. CATALOG OF FEDERAL 81.049 TITLE: Office of Science Fi | DOMESTIC ASSISTANCE NUMBER: | | | |
| . A. Increase Award . B. Decrease Award . C. Inc. D. Decrease Duration . E. Other (specify) * Is this application being submitted to other agencies? What other Agencies? 11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT Functional Analysis of Plant Cell Cycle Regulatory Protections 12. * AREAS AFFECTED BY PROJECT (cities, counties) | Yes No V | Office of Science 10. CATALOG OF FEDERAL 81.049 TITLE: Office of Science Fi | DOMESTIC ASSISTANCE NUMBER: | | | |
| . A. Increase Award . B. Decrease Award . C. Inc. D. Decrease Duration . E. Other (specify) Is this application being submitted to other agencies? What other Agencies? 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT Functional Analysis of Plant Cell Cycle Regulatory Protections 12. AREAS AFFECTED BY PROJECT (cities, counties) N/A 13. PHOPOSED PROJECT: Start Date * Ending Date | Yes No V | Office of Science 10. CATALOG OF FEDERAL 81.049 TITLE: Office of Science Fi | DOMESTIC ASSISTANCE NUMBER: nancial Assistance Program FRICTS OF: b. * Project | | | |
| . A. Increase Award . B. Decrease Award . C. Inc. D. Decrease Duration . E. Other (specify) * Is this application being submitted to other agencies? What other Agencies? 11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT Functional Analysis of Plant Cell Cycle Regulatory Protections 12. * AREAS AFFECTED BY PROJECT (cities, counties, N/A) 13. PHOPOSED PROJECT: | Yes No V | Office of Science 10. CATALOG OF FEDERAL 81.049 TITLE: Office of Science Fi | DOMESTIC ASSISTANCE NUMBER: nancial Assistance Program | | | |
| . A. Increase Award . B. Decrease Award . C. Inc. D. Decrease Duration . E. Other (specify) * Is this application being submitted to other agencies? What other Agencies? 11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT Functional Analysis of Plant Cell Cycle Regulatory Protections 12. * AREAS AFFECTED BY PROJECT (cities, counties) N/A 13. PROPOSED PROJECT: * Start Date * Ending Date 07/01/2006 06/30/2009 15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR | Yes No V T: eins in Chlamydo es, states, etc.) | Office of Science 10. CATALOG OF FEDERAL 81.049 TITLE: Office of Science Fi Demonas 14. CONGRESSIONAL DIST a. * Applicant 53 | DOMESTIC ASSISTANCE NUMBER: nancial Assistance Program FRICTS OF: b. * Project 53 | | | |
| . A. Increase Award . B. Decrease Award . C. Inc. D. Decrease Duration . E. Other (specify) * Is this application being submitted to other agencies? What other Agencies? 11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT Functional Analysis of Plant Cell Cycle Regulatory Protections 12. * AREAS AFFECTED BY PROJECT (citias, counties) N/A 13. PHOPOSED PROJECT: * Start Date * Ending Date 07/01/2006 06/30/2009 | Yes No V T: eins in Chlamydo es, states, etc.) R CONTACT INF Middle Name: | Office of Science 10. CATALOG OF FEDERAL 81.049 TITLE: Office of Science Fi Domonas 14. CONGRESSIONAL DIST a. * Applicant 53 FORMATION * La | DOMESTIC ASSISTANCE NUMBER: nancial Assistance Program PRICTS OF: b. * Project 53 st Name: Suffix; | | | |
| . A. Increase Award . B. Decrease Award . C. Inc. D. Decrease Duration . E. Other (specify) * Is this application being submitted to other agencies? What other Agencies? 11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT Functional Analysis of Plant Cell Cycle Regulatory Prof. 12. * AREAS AFFECTED BY PROJECT (cities, counties, N/A 13. PROPOSED PROJECT: * Start Date * Ending Date 07/01/2006 06/30/2009 15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR Prefix: * First Name: | Yes No V ET: eins in Chlamydo es, states, etc.) R CONTACT INF Middle Name: Greg | Office of Science 10. CATALOG OF FEDERAL 81.049 TITLE: Office of Science Fi Demonas 14. CONGRESSIONAL DIST a. * Applicant 53 FORMATION * La | DOMESTIC ASSISTANCE NUMBER: nancial Assistance Program FRICTS OF: b. * Project 53 sst Name: Suffix; en | | | |
| . A. Increase Award . B. Decrease Award . C. Inc. D. Decrease Duration . E. Other (specify) * Is this application being submitted to other agencies? What other Agencies? 11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT Functional Analysis of Plant Cell Cycle Regulatory Protections 12. * AREAS AFFECTED BY PROJECT (cities, counties) N/A 13. PROPOSED PROJECT: * Start Date | Yes No V Prime in Chlamydo Pri | Office of Science 10. CATALOG OF FEDERAL 81.049 TITLE: Office of Science Fi Demonas 14. CONGRESSIONAL DIST a. * Applicant 53 FORMATION * La | DOMESTIC ASSISTANCE NUMBER: nancial Assistance Program PRICTS OF: b. * Project 53 st Name: Suffix; | | | |
| . A. Increase Award . B. Decrease Award . C. Inc. D. Decrease Duration . E. Other (specify) * Is this application being submitted to other agencies? What other Agencies? 11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT Functional Analysis of Plant Cell Cycle Regulatory Protections of Protec | Yes No V T: eine in Chlamydo es, states, etc.) R CONTACT INF Middle Name: Greg ' Organizatio Division: | Office of Science 10. CATALOG OF FEDERAL 81.049 TITLE: Office of Science Fi Demonas 14. CONGRESSIONAL DIST a. * Applicant 53 FORMATION * La | DOMESTIC ASSISTANCE NUMBER: nancial Assistance Program FRICTS OF: b. * Project 53 sst Name: Suffix; en | | | |
| . A. Increase Award B. Decrease Award C. Inc. D. Decrease Duration E. Other (specify) * Is this application being submitted to other agencies? What other Agencies? 11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT Functional Analysis of Plant Cell Cycle Regulatory Protections 12. * AREAS AFFECTED BY PROJECT (cities, counties) N/A 13. PHOPOSED PROJECT: * Start Date * Ending Date 07/01/2006 06/30/2009 15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR Profix: * First Name: Dr. James Position/Tille: Assistant Professor Department: Plant Blology Laboratory * Street1: 10010 North Torrey Pines Road | Yes No V Primary No V Primar | Office of Science 10. CATALOG OF FEDERAL 81.049 TITLE: Office of Science Fi Dimonas 14. CONGRESSIONAL DIST a. * Applicant 53 FORMATION * La Umon Name: The Salk Institute for | DOMESTIC ASSISTANCE NUMBER: nancial Assistance Program PRICTS OF: b. * Project 53 st Name: Suffix; en or Biological Studies | | | |
| . A. Increase Award B. Decrease Award C. Inc. D. Decrease Duration E. Other (specify) * Is this application being submitted to other agencies? What other Agencies? 11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT Functional Analysis of Plant Cell Cycle Regulatory Protections 12. * AREAS AFFECTED BY PROJECT (cities, counties) N/A 13. PHOPOSED PROJECT: * Start Date * Ending Date 07/01/2006 06/30/2009 15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR Profix: * First Name: Dr. James Position/Tille: Assistant Professor Department: Plant Blology Laboratory * Street1: 10010 North Torrey Pines Road | Yes No V PT: eins in Chlamydo es, states, etc.) R CONTACT INF Middle Name: Greg Organizatio Division; Street2: | Office of Science 10. CATALOG OF FEDERAL 81.049 TITLE: Office of Science Fi Dimonas 14. CONGRESSIONAL DIST a. * Applicant 53 FORMATION * La Umon Name: The Salk Institute for | DOMESTIC ASSISTANCE NUMBER: nancial Assistance Program FRICTS OF: b. * Project 53 sst Name: Suffix; en | | | |

| NOU-14-2005 17:04 SF 424 (R&K) APPLI | | P.03/03 19e Z | | | |
|---|---|---|---|---------|--|
| 18. ESTIMATED PROJECT FUNDING | | 17. * IS APPLICATION SUBJECT ORDER 12372 PROCESS? | EVIEW BY STATE EXECUTIVE | | |
| a. * Total Estimated Project Funding b. * Total Federal & Non-Federal Funds c. * Estimated Program Income | 390,000.00 390.000.00 | AVAILABLE TO THE ST PROCESS FOR REVIE DATE: 11/14/2005 b. NO PROGRAM IS NOT CO | N/APPLICATION WAS MADE FATE EXECUTIVE ORDER 12372 W ON: OVERED BY E.O. 12372; OR BEEN SELECTED BY STATE FOR | | |
| reaulting terms if I accept an aw criminal, civil, or administrative | the best of my knowledge. I als pard. I am aware that any false, penalties. (U.S. Code, Title 18, | o provide the required assurances fictitious, or fraudulent statement | :* and agree to comply with any a or claims may subject me to | re | |
| 19. Authorized Representative | | *** | 0 | ffix: | |
| Prefix: * First Name: Ms. KIm | Middle Name: | Last Nam | 16: Sui | MIX. | |
| Position/Title: Vice President and C | hief Financial Officer * Organizat | ion: The Salk Institute for Biological | Studies | | |
| Department: Plant Biology Labora | lory Division: | | | | |
| * Street1: 10010 North Torrey F | Pines Road Street2: | | | | |
| City: La Jolla | County: San Diego | - \$t | ate: CA ZIP Code: 920 | 37-1099 | |
| Country: USA | | | Variable of the second | | |

Fax Number: (858)935-9633

* Phone Number: (858)453-4100 x1410

20. Pre-application

* Signature of Authorized Representative

Completed on submission to Grants.gov

OMB Number: 4040-0001

View Attachinent

Expiration Date: 04/30/2008

* Email: witmer@salk.edu

* Date Signed

Completed on submission to Grants.gov

Delete A(tachment

| 1 | or | sic | 'n | 7 | 'n | 4 |
|---|----|-----|----|---|----|---|
| | | | | | | |

| APPLICATION FOR | | O DATE CUDANTED | | Appli | icant Ideni | Version 7/03 |
|--|--|--|---|--|--|---|
| FEDERAL ASSISTANCE | | 2. DATE SUBMITTED 11/07/2005 | | | | |
| 1. TYPE OF SUBMISSION: Application | Pre-application | 3. DATE RECEIVED BY | STATE | State | State Application Identifier | |
| Construction | ☐ Construction | 4. DATE RECEIVED BY | FEDERAL AGE | ENCY Fede | ral Identif | ier |
| Non-Construction | ✓ Non-Construction | | | | | |
| 5. APPLICANT INFORMATION Legal Name: | | | Organization | al Unit: | | |
| Project Life Community Develop | ment | | Department: | | | <u> </u> |
| Organizational DUNS: | incit. | | Division: | Managem | ent | *************************************** |
| 19721 | 3007 | | | N/A | | |
| Address: Street: | The same of the sa | Pro | I Name and tell involving this | | | rson to be contacted on matters |
| 25550 Weaver Road | RECEIVI NOV 1 4 200 | | Prefix: Mr. | | Name: | • |
| City: Barstow | NOV 1 4 200 | Contract Con | Middle Name Earl | | | |
| County: San Bernardino | = * ZU(| J5 | Last Name S | Swayzer | | |
| State: State: California | ZIT COCE EARLENG HO | 21.5 | Suffix: Sr. | | | |
| Country: United States of Ame | erica | JUSE | Email: | ectLifeCoDev@ | Daol.com | |
| 6. EMPLOYER IDENTIFICATIO | N NUMBER (EIN): | | Phone Numbe | | | Fax Number (give area code) |
| 81-0655123 | | | 1 (760) 253 - 1 | 1034 | | 1 (760) 253 - 1034 |
| 8. TYPE OF APPLICATION: | A STATE OF THE STA | | 7. TYPE OF A | PPLICANT: | (See back | of form for Application Types) |
| | er(s) in box(es) | n Revision | O. Not For Pro Other (specify) | • | on | |
| Other (specify) | | | 9. NAME OF F | FEDERAL AG | ENCY: | USDA |
| 10. CATALOG OF FEDERAL D | OMESTIC ASSISTANC | E NUMBER: | 11. DESCRIPT | TIVE TITLE O | F APPLIC | CANT'S PROJECT: |
| TITLE (Name of Program): Community Facilities Loans & Grants 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): All of: San Bernardino, Riverside, and LA Counties | | | We have a horneeds. We also either low inco | use manager so provide all ome, below po | that overs utilities an verty leve | ncome and poverty level clients. sees all of the clients and their nd meals. 98% of our clients are el, or at poverty level income wise. such as CPS, TANF, & GAIN. |
| 13. PROPOSED PROJECT | Tadian Data | | 14. CONGRES | SSIONAL DIS | | |
| Start Date: 01/2006 | Ending Date: 3/2006 | | a. Applicant B | Barstow, Califo | rnia | b. Project San Bern., Riverside, LA County |
| 15. ESTIMATED FUNDING: | \$ 40,000 | | 16. IS APPLIC ORDER 12372 | | | REVIEW BY STATE EXECUTIVE |
| a. Federal \$ FY 2006 | 10/ | 100,000 | a Ves IV Th | IIS PREAPPL | ICATION/ | /APPLICATION WAS MADE |
| b. Applicant \$ FY 2006 | | 100,000 | PF | ROCESS FOR | REVIEW | ON |
| c. State FY 2006 \$ | | 60,000 | DA | ATE: 11/07 | 12005 | |
| d. Local \$ | | 0 . | b. No. 🕮 PR | ROGRAM IS N | OT COVE | ERED BY E. O. 12372 |
| e. Other \$ | | 0 | □ OF | R PROGRAM OR REVIEW | HAS NOT | BEEN SELECTED BY STATE |
| f. Program Income \$ | | 0 . | 17. IS THE AP | PLICANT DE | LINQUEN | IT ON ANY FEDERAL DEBT? |
| g. TOTAL \$ | | 260,000 | ☐ Yes If "Yes | | - | |
| 18. TO THE BEST OF MY KNOW DOCUMENT HAS BEEN DULY A ATTACHED ASSURANCES IF T | AUTHORIZED BY THE | GOVERNING BODY OF T | LICATION/PRE 'HE APPLICAN' | APPLICATION THE A | N ARE TI APPLICAN | RUE AND CORRECT. THE NT WILL COMPLY WITH THE |
| a. Authorized Representative Prefix | First Name | | | Middle Name | | *************************************** |
| Mr. Last Name | Robert | | | Suffix | Earl | |
| Swayzer b. Title | | | | Sr. c. Telephone | Number (| give area code) |
| Chief Executive O d. Signature of Authorized Repres | | DE 1 | | e. Date Signe | | 1 (760) 253 - 1034 |
| Previous Edition Usable | riovel | o o Jun | My I | <u> </u> | | 11/07/2005 Standard Form 424 (Rev.9-2003) |
| | | | n s | | | |

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Prescribed by OMB Circular A-102

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|----|-----|----|-----|----|---|
| Ve | rsi | าก | -// | "U | |

| APPLICATION FOR | | | | // | Version 7/03 |
|---|---------------------------------------|--|---|---------------------------------|--|
| FEDERAL ASSISTANCE | * | 2. DATE SUBMITTED | /07/2005 | Applicant Iden | tifier |
| 1. TYPE OF SUBMISSION: Application | Pre-application | 3. DATE RECEIVED BY | | State Applicat | ion Identifier |
| ☐ Construction | Construction | 4. DATE RECEIVED BY | FEDERAL AGENCY | Federal Identit | fier |
| Non-Construction | ✓ Non-Construction | | | | |
| 5. APPLICANT INFORMATION | | | Oitii II-it | | |
| Legal Name: | | _ | Organizational Unit Department: | | |
| Project Life Community Develop | ment | The same of the sa | . Ma | nagement | |
| Organizational DUNS: 19721 | 3007 | CEIVED | Division: | | |
| Address: | 1 NOW | -'VED / | | | rson to be contacted on matters |
| Street: 25550 Weaver Road | 1 101 | 1 4 2005 | involving this applic | First Name: | a code) |
| | STATE | 2005 | Mr. | Robert | |
| City: Barstow | THE CLE | ARING HOUSE | Middle Name Earl | | |
| County: San Bernardino | | - OUSE | Last Name Swayze | г | |
| State: California | Zip Code 92311 | | Suffix: Sr. | | |
| Country: United States of Ame | erica | 40000000 | Email: Project ife(| CoDev@aol.com | |
| 6. EMPLOYER IDENTIFICATIO | | | Phone Number (give | | Fax Number (give area code) |
| 81-0655123 |] | | 1 (760) 253 - 1034 | | 1 (760) 253 - 1034 |
| 8. TYPE OF APPLICATION: | 1 | | 7. TYPE OF APPLIC | ANT: (See back | k of form for Application Types) |
| ✓ New | Continuation | n Revision | O Not For Profit Org | onization | ., |
| If Revision, enter appropriate lett (See back of form for description | er(s) in box(es) | November 1 | O. Not For Profit Org Other (specify) | anization | |
| Other (specify) | | | 9. NAME OF FEDER | | ED |
| 10. CATALOG OF FEDERAL D | OMESTIC ASSISTANC | E NUMBER: | 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: | | |
| | | 8 4 - 1 8 4 | We provide transition | nal housing and | meals for homeless families, with |
| TITLE (Name of Program): | | | | | We are also in the process of Idren to have something to do |
| Safe and Drug Free Schools & C | | Ctatas atali | | | drugs and alcohol. We also speak |
| 12. AREAS AFFECTED BY PRO | • | s, States, etc.): | to school-aged child | en about the da | ngers of alcohol & drug abuse. |
| All of: San Bernardino, Riversid | e, and LA Counties | | 44 00000000000 | | |
| 13. PROPOSED PROJECT Start Date: | Ending Date: | | 14. CONGRESSION a. Applicant | AL DISTRICTS | b. Proiect |
| 01/2006 | 3/2006 | | Barstow | | San Bérn., Riverside, LA County |
| 15. ESTIMATED FUNDING: | \$40,000 | | OPDED 12272 DPOC | E663 | REVIEW BY STATE EXECUTIVE |
| a. Federal \$ | 1 19,000 | 100,000 | THIS PR | EAPPLICATION | I/APPLICATION WAS MADE |
| b. Applicant \$ | , , , , , , , , , , , , , , , , , , , | 00 | AVAILAL | BLE TO THE STA BS FOR REVIEV | ATE EXECUTIVE ONDER 12372 |
| FY 2006 | | 100,000 | 1 | | |
| c. State FY 2006 \$ | | 60,000 | DATE: | 11/07/2005 | |
| d. Local \$ | | 0 . | b. No. PROGRA | AM IS NOT COV | ERED BY E. O. 12372 |
| e. Other \$ | | 0 · | OR PRO | | T BEEN SELECTED BY STATE |
| f. Program Income \$ | | 0 . | | | NT ON ANY FEDERAL DEBT? |
| g. TOTAL \$ | | 260,000 | Yes If "Yes" attac | h an explanation | ı. 🗷 No |
| 18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF T | AUTHORIZED BY THE | GOVERNING BODY OF T | | | |
| a. Authorized Representative | | *************************************** | | | |
| Prefix Mr. | First Name Robert | | Middle | Name Earl | |
| Last Name | 1 (OBOIT | | Suffix | | |
| Swayzer b. Title | | | c. Tele | Sr. ephone Number | (give area code) |
| Chief Executive C | | 1 120 | | • | 1 (760) 253 - 1034 |
| d. Signature of Authorized Repre- | sentative // / | frent E. Suc | avze. Date | e Signed | 11/07/2005 |
| Previous Edition Usable Authorized for Local Reproduction | n | | 1 | | Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102 |

| APPLICATION FO | ICATION FOR 2. DATE S | | | | | Appli | cant Identifier |
|---|------------------------------|---|--|---|---|---------------------------------|---|
| FEDERAL ASSIST | ANC | E | | | <u> </u> | | |
| 1. TYPE OF SUBMISSION Application Construction Non-Construction | : | Preapplication ☐ Construction ☐ Non-Construction | | 3. DATE RECEIVED B | Y STATE | State | Application Identifier |
| | | | | 4. DATE RECEIVED B | Y FEDERAL A | GENCY Feder | al Identifier |
| 5. APPLICANT INFORMA Legal Name | TION | | | Organizational Unit: | | | |
| Los Angeles County M | etropol | itan Transportation A | ıthority | Programming | and Policy | Analysis | |
| Address (give city, state, and | zip code) | | | | | | on matters involving this application (give |
| One Gateway Los Angeles, C | | rnia 90012-2952 | | Nela De Casti (213) 922-616 | | | |
| 6. EMPLOYER IDENTIFIC 9 5 - 4 4 0 1 9 | | NUMBER (EIN): | | 7. TYPE OF APPLICA | NT: (enter appro | opriate letter in bo | x) N |
| 8. TYPE OF APPLICATION X New Continuation | N: | vision | | B County I C Municipal J D Township K | Independent Sci State Controlled Private Univer Indian Tribe Individual | l Institution of H | igher Learning |
| If Revision, enter appropria | te letter(| | | F Intermunicipal G Special District | M Profit Organ | | |
| A Increase Award B D D Decrease Duration Ot | ecrease her (<i>spec</i> | | ation | State Chartere | d Transit I | District | |
| | пот (орос | -937 | | 9. NAME OF FEDERA | | 71811101 | |
| | | | | Federal Trans | sit Adminis | stration | |
| 10. CATALOG OF FEDER. ASSISTANCE NUMBER TITLE 49 U.S.C. | | | 7 | 11. DESCRIPTIVE TITLE OF APPLICANTS PROJECT: CA-90-Y387 – FY2006 Capital and Operating Assists | | | |
| 12. AREAS AFFECTED BY | PROJE | CT (cities, counties, states | etc.) | 4 | | | |
| City and County of Lo | s Ange | les, CA | | | | | |
| 13. PROPOSED PROJECT | | 14. CONGRESSIONAL | DISTRICTS OF | | | | |
| Start Date | | Ending Date a. Applicant | | | b. | Project | |
| 07/01/04 | | 06/30/08 | 5 through 39, 42, 46 | | | Same as Ap | plicant |
| | | | | | | | |
| 15. ESTIMATED FUNDING | 3 | | 16. IS APPLICATIO | N SUBJECT TO REVIE | W BY STATE E | EXECUTIVE OR | DER 12372 PROCESS? |
| a Federal | \$ | 89,785,060.00 | ORDER 12 DATE b NO □ PRO | 372 PROCESS FOR REV /07/05 OGRAM IS NOT COVE | /IEW ON RED BY E O 12 | 372 | ABLE TO THE STATE EXECUTIVE |
| b Applicant | \$ | .00 | ☐ ORI | PROGRAM HAS NOT B | EEN SELECTE | D BY STATE FO | OR REVIEW |
| | | | | | | / | Di |
| d Local | \$ | 14,485,220.00 | | | | | MEON |
| e Other | \$ | .00 | | | | | CELL |
| f Program Income | \$ | .00 | 17. IS THE APPLIC | ANT DELINQUENT ON es" attach an explanation | ANY FEDERA | L DEBTY STATE | PECEIVED CLEARING HOUSE BY THE 2005 |
| g TOTAL | \$ | 104,270,280.00 | | | | | LEARINGHO |
| 18. TO THE BEST OF MY KNO GOVERNING BODY OF THE A | WLEDGI PPLICAN | E AND BELIEF, ALL DATA T AND THE APPLICANT W | N THIS APPLICATION PI ILL COMPLY WITH THE | REAPPLICATION ARE TRU ATTACHED ASSURANCE | JE AND CORREC S IF THE ASSIST | T. THE DOCUME ANCE IS AWARDI | NT HAS BEEN DOLY AUTHORIZED BY THE |
| a Typed Name of Authorized | Represe | entative | | | b Title Director | | c Telephone number |
| Gladys Lowe | | | | | Regional Progr | am Management | (213) 922-2459 |
| d. Signature of Authorized R | epresent | ative | | | e. Date Signed | -05 | |
| Previous Editions Not Usable | | | | | L | | THE |

| /ersion | 7/03 | |
|---------|------|--|
| | | |
| | | |

| FEDERAL ASSISTANCE | | 2. DATE SUBMITTED | | Applicant Iden | Applicant Identifier | |
|---|--|----------------------------------|--------------------|--|--|--|
| 1. TYPE OF SUBMISSION: | | 11/4/2005 3. DATE RECEIVED BY | STATE | State Applicati | on Identifier | |
| Application | Pre-application | | | | | |
| Construction | Construction | 4. DATE RECEIVED BY | FEDERAL AGE | NCY Federal Identif | ier | |
| Non-Construction | Non-Construction | | | | | |
| 5. APPLICANT INFORMATION Legal Name: | | | Organizationa | al Unit: | | |
| Lindsay Unified School District | | | Department: | | | |
| Organizational DUNS: | | | Division: | d School District | | |
| 037333341 | | | Healthy Start | | CONTROL OF THE PROPERTY OF THE | |
| Address: Street: | | | | epnone number of pe application (give are | son to be contacted on matters | |
| 519 E. Honolulu | | | Prefix: Mrs. | First Name: | | |
| City: | | | Middle Name | Jane | NOV 1 4 2005 | |
| Lindsay | | | Carol Last Name | | | |
| County: Tulare | | | Elson | | STATE CLEARING HOUSE | |
| State: California | Zip Code 93247 | | Suffix: | | AND THE RESIDENCE OF THE PROJECTION OF THE PROJECT | |
| Country: | 1 00247 | | Email: | 1.0 | Control of the Contro | |
| U.S.A 6. EMPLOYER IDENTIFICATION | N NUMBER (FIN): | | jcelson@linds | ay.k12.ca.us r (give area code) | Fax Number (give area code) | |
| | - | | 559-562-8292 | . (9.10 0.100 0.00) | 559-562-8008 | |
| 7 7 -0 5 6 5 3 2 9 8. TYPE OF APPLICATION: | | | | PPLICANT: (See back | of form for Application Types) | |
| V Nev | v 🔲 Continuatio | n 🗀 Revision | | | , темпечина предоставительного п | |
| If Revision, enter appropriate lett | ter(s) in box(es) | II IIIII IKE VISIOII | H | | | |
| (See back of form for description | of letters.) | П | Other (specify) | | | |
| Other (specify) | | Constant / | | EDERAL AGENCY: | | |
| 10. CATALOG OF FEDERAL I | DOMESTIC ASSISTANC | E NUMBER: | | evelopment CA. FIVE TITLE OF APPLI | CANT'S PROJECT: | |
| III. CATALOG OF TEDERAL | SOMESTIC ACCIONANCE | | | d School District | | |
| TITLE (Name of Program): | | 10-766 | eHealth Proje | | | |
| USDA Community Facilities | | | _ | | | |
| 12. AREAS AFFECTED BY PR | OJECT (Cities, Counties | s, States, etc.): | | | | |
| Lindsay, CA. 93247 | | | 1 | DIGNAL PIOTPIOTO | 0.5 | |
| 13. PROPOSED PROJECT Start Date: | Ending Date: | | a. Applicant | SSIONAL DISTRICTS | b. Project | |
| 07/01/2005 | 06/30/2007 | | Ditrict # 21 | | District # 21 | |
| 15. ESTIMATED FUNDING: | | | 16. IS APPLIC | | REVIEW BY STATE EXECUTIVE | |
| a. Federal \$ | | 00 | THE TH | IIS PREAPPLICATION | /APPLICATION WAS MADE | |
| b. Applicant | Photographic and a second seco | 60,000 | ⊣ ' ' ' ' | /AILABLE TO THE STA ROCESS FOR REVIEV | ATE EXECUTIVE ORDER 12372 | |
| | | - 00 | | | | |
| c. State | to the state of th | | D/ | ATE: 11/04/2005 | | |
| d. Local / \$] | L 4 2005 | .00 | b. No. 🔲 PF | ROGRAM IS NOT COV | ERED BY E. O. 12372 | |
| e. Other \$ | | | | | T BEEN SELECTED BY STATE | |
| f. Program Income \$ | NRING HOUSE | 100,000 | _ FC | OR REVIEW | NT ON ANY FEDERAL DEBT? | |
| | The state of the s | . 00 | I TO THE AL | I LIOANI DELINGOL | | |
| g. TOTAL \$ | | 160,000 | Yes If "Yes | " attach an explanation | . No | |
| 18. TO THE BEST OF MY KNO | WLEDGE AND BELIEF | , ALL DATA IN THIS API | PLICATION/PRE | APPLICATION ARE T | RUE AND CORRECT. THE | |
| DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF | AUTHORIZED BY THE THE ASSISTANCE IS A | WARDED. | THE APPLICAN | IT AND THE APPLICA | NI WILL COMPLY WITH THE | |
| a. Authorized Representative | | | | Maidala Nar | | |
| Prefix Mrs. | First Name Janet | | | Middle Name | · · | |
| Last Name | | | | Suffix | | |
| Kliegl b. Title | | | | c. Telephone Number | | |
| Superintendent d. Signature of Authorized Rep | exentativa A | , | | 559-562-5111 Ext. 21 e. Date Signed | 3 | |
| u. Signavure or Authorized Rep | ~ KUS | - | | 11/4/2005 | | |
| Previous Edition Usable | | , | | | Standard Form 424 (Rev.9-2003) | |

| APPLICATION F | Λħ | A FRAME OF LAND | ***C | orrect (| cument*** | Version 7/0 | |
|---|--|----------------------------------|---|---|-------------------------------------|--------------------|--|
| FEDERAL ASSIST | | 2. DATE SUBMI 11/07/05 | TTED | | ant Identifier | Veraium 7/6 | |
| 1. TYPE OF SUBMISSION: Application | Pre-application | 3. DATE RECEIV | ED BY STATE | State A | State Application Identifier | | |
| X Construction | | | | | | | |
| Non-Construction | Construction Non-Construction | 4. DATE RECEIV | ED BY FEDERAL AGENCY | Ecderal | Identifier | | |
| 5. APPLICANT INFORMAT | ION! | | | | racking #05-359 | | |
| Legal Name: | ION | | | • · · · · · · · · · · · · · · · · · · · | | | |
| County of Sonoma | | | Organizational Unit: | | | | |
| L | • | | Department: | | | | |
| Organizational DUNS: | | | Permit and Resource M Division: | anagement | | | |
| 603747390 Address: | Commercial Commercial Services (Services Commercial Com | MONOTON CONTRACTOR WINDS | Engineering | | | | |
| Address; | RECE | -IVI-DI | Name and telephone num | her of person | to be contented as we | | |
| Strect: | I Laure Section | eem H VF Hearens Berief | application (give area cod | le) | to be contacted on mat | ters involving thi | |
| 2550 Ventura Ave. | NOV 0 | 9 2005 | Prefix: Mr. | | First Name: Theodore | | |
| City: | | | Middle | | | | |
| Santa Rosa | STATE CLEA | RING HOUSE | Middle Name: Joseph | | | | |
| County: Sonoma | 01,112 | | Last Name: | | | | |
| State: | Security Commencer Commenc | | Walker | | | | |
| California | Zip Code: | | Suffix: | | | | |
| Country: | 95403 | | | | | | |
| United States | | | Email: | | | | |
| 6. EMPLOYER IDENTIFICAT | TON NUMBER (EIN) | | Twalker@sonoma-count | y.org | | · . | |
| 94-600053 | | | Phone Number (give area of (707) \$65-8356 | code) | Fax Number (give are (707) 565-1103 | ea code) | |
| 8. TYPE OF APPLICATION: | | | 7 7 | | | | |
| X New | Continuation | Revision | 7. TYPE OF APPLICANT | : (See back o | of form for Application | Турся) | |
| If Revision, enter appropriate let (See back of form for description | TAT(E) in how (or) | | В | | | | |
| | | | Other (specify) | | | | |
| Other (specify) | | | O MANGE OR | | | | |
| 10 515 | | | 9. NAME OF FEDERAL A | GENCY: | | | |
| 10 CATALOG OF FEDERAL D | OMESTIC ASSISTANC | E NUMBER: | 11. DESCRIPTIVE TITLE | OF APPLIC | ANT'S PROJECT: | | |
| TITLE (Name of Program): | 66-606 | | Monte Rio Communi | | | | |
| 12. AREAS AFFECTED BY BR | O)ECT (C) | | | | | 1 | |
| 12. AREAS AFFECTED BY PR Monte Rio, Sonoma County, Ca | USC.1 (Cities, Counties | . States, etc): | | | | | |
| 13. PROPOSED PROJECT | ······································ | | | | | | |
| Start Date: | Ending Date: | | 14. CONGRESSIONAL DIS | TRICTS OF | | | |
| 9/15/05 5. ESTIMATED DIVIDED | 03/30/08 | | a. Applicant Sixth | | b. Project | | |
| 5. ESTIMATED FUNDING: | | | | ECT TO = | Sixth | | |
| . Federal \$192,40 | 10 | | 16. IS APPLICATION SUB: ORDER 12372 PROCESS? | IBCI IO RE | VIEW BY STATE EXI | ECUTIVE | |
| . Applicant \$189.20 | | | a. Yes X THIS PREAPPL | CATIONIA | PRI ICA TION | | |
| State \$ | | | 1 VIVENUCE TO THE 21V | TE EXECUT | TVE ORDER 15225 PM | ADE | |
| Local S | | | · • · · · | | 14 11 OKDBK 123/2 PR | COCESS FOR | |
| Other \$ | | | DATE: 10/25/0 | 5 | | | |
| | | | PROGRAM IS | NOT COVE | RED BY F. O. 12372 | | |
| Program Income \$ | | | REVIEW | HAS NOT E | BEEN SELECTED BY | STATE FOR | |
| TOTAL \$381,60 | | | 17. IS THE APPLICANT DE | | | | |
| TO THE REST OF MY KIND | | | | | | | |
| B. TO THE BEST OF MY KNOWN OCUMENT HAS BEEN DULY TTACHED ASSURANCES IF TO Authorized Representative | AUTHORIZED BY THE | ALL DATA IN THE GOVERNING BOD | S APPLICATION/PREAPPLIC Y OF THE APPLICANT AND | ATION ARE | TRUE AND CORREC | CT. THE | |
| Authorized Representative | TE VODIO I VINCE IS V | WARDED. | | ALC MEPLI | CVIAL MILL COWETA | WITH THE | |
| efix First Nar | | | | | | | |
| Pcte | | | Middle Name | | | | |
| st Name rkinson | | | A 55 | | | | |
| Title | | | Suffix | , | | | |
| rector | | | C Tolonhama N | | | _ | |
| Signature of Authorized Represen | indu. | | c. Telephone Numbe (707) 565-1925 | er (give area i | eode) | | |
| | W. VC | | c. Date Signed | 1- | | | |
| vious Edition Usable | | | / | 1/9/05 | 5 | | |
| horized for Local Reproduction | | | - | | Standard Form 424 (Re | V 9-2002 | |
| | | | | | | | |

| APPLICATION FOR | | O DATE OUDING | | | TA !! 411 | Version 7/03 |
|--|--|--|---|--|---|--|
| FEDERAL ASSISTANCE 2. DATE SUBMITTED 11/4/2005 | | ITED | | Applicant Identifier | | |
| 1. TYPE OF SUBMISSION: | D | 3. DATE RECEIV | /ED BY STATE | | State Application Identifier | |
| Application | Pre-application | 4. DATE RECEIV | /FD BY FEDERA | L AGENCY | Federal Identit | fier |
| Construction | Construction | | | | | |
| Non-Construction 5. APPLICANT INFORMATION | Non-Construction | L., | | | L | |
| Legal Name: | | | | ational Unit: | | |
| Lindsay Unified School District | O This section of the Control of the | THE PARTY STREET | Departn | nent: Unified Schoo | al District | |
| Organizational DUNS: | I RECE | | Division | • | 31 21011101 | |
| 037333341 Address: | E E Bennen Apply Comm | bw V. | Healthy | | number of no | rson to be contacted on matters |
| Street: | NOA 0 | 8 2005 | | | ation (give are | |
| 519 E. Honolulu | | To the state of th | Prefix: Mrs. | | First Name: Jane | |
| City: | STATE CLEA | RING HOUSE | Middle I | Name | Jane | |
| Lindsay County: | | A CONTRACTOR OF THE PARTY OF TH | Carol Last Na | mo | | |
| Tulare | | | Elson | ine | | |
| State: California | Zip Code 93247 | | Suffix: | | | |
| Country: | 1 002 | | Email: | | | |
| U.S.A 6. EMPLOYER IDENTIFICATIO | N NUMBER (FINI): | | | @lindsay.k12. Number (give a | | Fax Number (give area code) |
| | | | 559-562 | | ica code, | |
| 7 7 - 0 5 6 5 3 2 9 | | | | | NIT. (Cas bas) | 559-562-8008 k of form for Application Types) |
| 8. TYPE OF APPLICATION: | v 🏻 Continuation | r | | OF APPLICA | ANT: (See back | k of form for Application Types) |
| If Revision, enter appropriate lett (See back of form for description | er(s) in box(es) | n Revisio | n Other (s | pecify) | | |
| Other (specify) | | | | 9. NAME OF FEDERAL AGENCY: USDA Rural Development CA. | | |
| 10. CATALOG OF FEDERAL D | OMESTIC ASSISTANC | E NUMBER: | | | | CANT'S PROJECT: |
| TITLE (Name of Program): | | 10-76 | | Lindsay Unified School District eHealth Project | | |
| USDA Community Facilities 12. AREAS AFFECTED BY PROPERTY OF THE PROPERTY OF T | O IECT (Cition Counting | States etc.): | | | | |
| , | OJECT (Cities, Counties | s, States, etc.). | | | | |
| Lindsay, CA. 93247 13. PROPOSED PROJECT | | | 44 601 | ICDECCIONA | L DISTRICTS | OF. |
| Start Date: | Ending Date: | | a. Applic | | L DISTRICTS | b. Project |
| 07/01/2005 | 06/30/2007 | | Ditrict # | 21 | | District # 21 |
| 15. ESTIMATED FUNDING: | | | 00000 | 40070 0000 | | REVIEW BY STATE EXECUTIVE |
| a. Federal \$ | | 00 000 | a Yes | THIS PRE | APPLICATION | I/APPLICATION WAS MADE |
| b. Applicant \$ | | 60,000 | u. 103. | , | LE TO THE STA S FOR REVIEV | THE EXECUTIVE ORDER 12012 |
| c. State \$ | | 00 | | DATE: 1 | | |
| | | • | | | | |
| d. Local \$ | | | b. No. | III.J | | ERED BY E. O. 12372 |
| e. Other \$ f. Program Income \$ | | 100,000 | 47 10 7 | FOR REV | 'IEW | T BEEN SELECTED BY STATE NT ON ANY FEDERAL DEBT? |
| T. Program income | | • | 17.15 1 | HE APPLICA | NI DELINQUE | NI ON ANY FEDERAL DEBI? |
| g. TOTAL \$ | WI EDGE AND BELIEF | 160,000 · | | | an explanation | |
| 18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF 1 | AUTHORIZED BY THE | GOVERNING BOI | | | | |
| a. Authorized Representative | First Name | | | Middle | Name | |
| Prefix Mrs. | Janet | | | | Hamo | The state of the s |
| Last Name Kliegl | | | | Suffix | | |
| b. Title | | | | c. Telephone Number (give area code) | | |
| Superintendent d. Signature of Authorized Repre | sentative) | | *************************************** | | <u>32-5111 Ext. 21</u> Signed 005 | <u> </u> |
| Previous/Edition Usable | 1 veg | | | 111/7/2 | | Standard Form 424 (Rev.9-2003) |

| | | | | OM | B Approval No. 0348-0043 | |
|---|---|--|---|---|--|--|
| APPLICATION FEDERAL AS | | 2. DATE SUBMITT 11-18-05 | ED | Application Identifier | | |
| TYPE OF SUBMIS Application | SSION: Preapplication ☐ Construction | 3. DATE RECEIVED | BY STATE | State Application Ide | ntifier | |
| ☐ Non-Construct | _ | 4. DATE RECEIVED | BY FEDERAL AGENCY | Federal Identifier | | |
| 5. APPLICATION IN | FORMATION | | | | | |
| Legal Name SUPERIOR CALIFOR DEVELOPMENT DIS | | | Organizational Unit | | | |
| | unty, state, and zip code) | | | | to be contacted on matters | |
| 2400 Washington Ave Redding, Shasta Cou | | | involving this applicated Administrative Control Robert Nash, Chief E (530) 225-2760 | ontact <u>T</u> | echnical Contact | |
| 6. EMPLOYER IDEN | ITIFICATION NUMBER (EIN): | | 7. TYPE OF APPLIC | CANT: (enter appropria | te letter in box) G | |
| 6 8 | _ 0 3 4 3 0 | 5 1 | A. State B. County C. Municipal | J. Private Universi | d Institution of Higher Learning | |
| 8. TYPE OF APPLIC | ATION: | | D. Township E. Interstate | K. Indian Tribe L. Individual | | |
| | ☐ New ☐ Continuation | Revision | F. Intermunicipal | M. Profit Organizat | tion | |
| If Revision, enter app | ropriate letter(s) in boxes(es) | | G. Special Distric | t N. Other (Specify): | W-10-10-10-10-10-10-10-10-10-10-10-10-10- | |
| A. Increase Awar | d B. Decrease Award 0 | C. Increase | 9. NAME OF FEDER | | | |
| D. Decrease Dur | ation Other (specify): | | U.S. Department of Economic Develop | of Commerce pment Administration | | |
| 10. CATALOG OF FEDE ASSISTANCE NUM | | 3 0 3 | 11. DESCRIPTIVE T | ITLE OF APPLICANT'S | PROJECT: | |
| TITLE: Economic | Development Support for Planni | ng Organizations | Planning and implem which will focus on jo alleviate substantial u | entation of a long range b retention/creation and unemployment within the | e economic development program d economic diversification to dedication. | |
| 12. AREAS AFFECT | ED BY PROJECT (cities, counti | es, states, etc.) | Planning and implementation of a long range economic development program which will focus on job retention/creation and economic diversification to alleviate substantial unemployment within the district. NOV 0 4 2005 | | | |
| Modoc, Shasta, | Siskiyou and Trinity Counties in | California | | 0771 | NOV 0 4 2005 | |
| | | | | SIA | TE CLEARING HOUSE | |
| 13. PROPOSED PRO Start Date | DJECT: 14. CON Ending Date a. Applica | GRESSIONAL DISTR ant | ICTS OF: | b. Project | 11009E | |
| 01-01-06 | 12-31-06 Secon | Ė | | First and Seco | | |
| a. Federal | DING: \$ 60,000 | a. YES. THIS | PREAPPLICATION/AF | | TIVE ORDER 12372 PROCESS? DE AVAILABLE TO THE OR REVIEW ON: | |
| b. Applicant | \$ 20,000 | DATE | <u> 11-1-05</u> | | | |
| c. State | \$ | b. NO. 🗆 P | ROGRAM IS NOT COV | VERED BY E.O. 12372 | : | |
| d. Local | \$ | | R PROGRAM HAS NO | OT BEEN SELECTED | BY STATE FOR REVIEW | |
| e. Other | \$ | 47 IC THE ADDITION | NIT DELINOLIENT ON | I ANY FEDERAL DEBI | r2 | |
| f. Program Income | .\$ | | | | | |
| g. TOTAL | \$ 80,000 | | "Yes," attach an explar | | ⊠ No | |
| 18 TO THE BEST OF MY K | NOWLEDGE AND BELIEF, ALL DATA IN T PERNING BODY OF THE APPLICANT AND | HIS APPLICATION/PREAPP THE APPLICANT WILL COM | LICATION ARE TRUE AND COMPLY WITH THE ATTACHED | ORRECT THE DOCUMENT H. ASSURANCES IF THE ASSIS | AS BEEN DULY TANCE IS AWARDED | |
| a. Robert Nash | | b. Title | ecutive Officer | | c. Telephone number (530) 225-2760 | |
| d. Signature of Aut | horized Representative | | | | e. Date Signed 11-18-05 | |

Previous Editions Not Usable

Standard Form 424 (REV 4-88) Prescribed by OMB Circular A-102

OMB Approval No. 0348-0043

| | ANCE 2. Date S | ubmitted | Applicant Identifier | | | |
|--|--|---|---|--|--|--|
| . Type of Submission: | 3. Date R | tec'd by State | State Application Identifier | | | |
| pplication Preapplication | | | | | | |
| Construction Construction | . Date R | tec'd by Federal | Federal Identifica | | | |
| Nonconstruction Nonconstruction | EIVED | | | | | |
| | Organizat | tional Unit: | | | | |
| cgal Name and Address: NOV | 0 3 2005 San Franc | cisco Regional Water | Quality Control Board | | | |
| ogal Ivame and Address. | Name and | telephone of person | to be contacted on matters | | | |
| State Water Resources Congretation | MEARING HOUSE INvolving | this application (give | e area code): | | | |
| 1001 I Street, Sacramonto County | Gina Kat | nuria | | | | |
| Sacramento, California 95814 | (510) 622 | | | | | |
| | 0301096 d T | of Annlicant: Contor ar | opropriate letter)A | | | |
| . Employer Identification Number (EIN): 68 | | | Independent School District | | | |
| | A. State | | State Institute of Higher Learning | | | |
| DUNS Number: 808321913 | B. Count | - | | | | |
| Type of Application: | | | Private University | | | |
| X_NewRevision Continuation | i l | | Indian Tribe | | | |
| f Revision, enter appropriate letter(s): | E. Inters | • • • | Individual | | | |
| A. Increase Award B. Decrease Awar | rd F. Intern | | Profit Organization | | | |
| C. Increase Duration D. Decrease Dura | ition G. Speci | al District N. | Other (specify) | | | |
| Other (specify) | 0.21 | AD James Against | | | | |
| | | of Federal Agency: | ntal Protection Agency | | | |
| 10. Catalog of Federal Domestic Assistance Nun | iber | O. S. Environing | Mai I Totochan Aganoy | | | |
| 66,606 | , h | riptive Title of Applic | cant's Project: | | | |
| Fitle: Surveys, Studies, Investigations and | 1 III. Desc | Assessment and cleanup of the environmental management | | | | |
| Special Purpose Grants | Aggraga | | | | | |
| | Assessme | programs at the Department of Energy Lawrence Livermore | | | | |
| 12. Area Affected by Project: | programs | National Laboratory (LL.NL) and the Sandia National Laboratory | | | | |
| (cities, counties, states, etc.) | 1 | | and the Difficult Landon Control A | | | |
| San Francisco Bay area, California | | · . | | | | |
| 3. Proposed Project: Start Date End Date | 14 Con | gressional District of: | | | | |
| • | Applican | | oject: | | | |
| 1/1/2006 12/31/2008 | Applican | | alifornia - All | | | |
| 1 | 16 Is th | e application subject t | | | | |
| 5 DOTIMATED BUNDYNG. | | | | | | |
| 15. ESTIMATED FUNDING: | | 'e Order (EO) 12372 b | | | | |
| | Executiv | re Order (EO) 12372 p X This appl | orocess? | | | |
| a. Federal \$11 | Executiv 3,218 a. YES: | X This app | orocess? lication/preapplication was made | | | |
| a. Federal \$11 b. Applicant | 3,218 Executiv a. YES: \$0 | X This applayailable to the S | orocess? | | | |
| a. Federal \$11 b. Applicant c. State | 3,218 a. YES: \$0 | _X_ This applayailable to the Security on: | orocess? lication/preapplication was made State EO 12372 process for | | | |
| a. Federal \$11 b. Applicant c. State d. Local | 3,218 a. YES: \$0 \$0 \$0 | _X_ This appl available to the S review on: Da | oroccss? lication/preapplication was made State EO 12372 process for ate: November 3, 2005 | | | |
| a. Federal \$11 b. Applicant c. State d. Local e. Other | 3,218 a. YES: \$0 \$0 \$0 \$0 \$0 | _X_ This appl available to the S review on: Da Program | brocess? lication/preapplication was made State EO 12372 process for ate: November 3, 2005 is not covered by EO # 12372 | | | |
| a. Federal \$11 b. Applicant c. State d. Local e. Other | 3,218 a. YES: \$0 \$0 \$0 | _X_ This applavailable to the Streview on: Date | brocess? lication/preapplication was made State EO 12372 process for ate: November 3, 2005 his not covered by EO # 12372 has not been selected by the | | | |
| a. Federal \$11 b. Applicant c. State d. Local e. Other f. Program Income | Executiv 3,218 a. YES: \$0 \$0 \$0 \$0 \$0 \$0 | _X_ This apples available to the Streview on: Date | brocess? lication/preapplication was made State EO 12372 process for ate: November 3, 2005 his not covered by EO # 12372 has not been selected by the review. | | | |
| a. Federal \$11 b. Applicant c. State d. Local e. Other f. Program Income | 3,218 a. YES: \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1 | _X_ This appliavailable to the streview on: Date | broccss? lication/preapplication was made State EO 12372 process for late: November 3, 2005 lis not covered by EO # 12372 thas not been selected by the review. It on any Federal debt? | | | |
| a. Federal \$11 b. Applicant c. State d. Local e. Other f. Program Income | 3,218 a. YES: \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1 | _X_ This apples available to the Streview on: Date | broccss? lication/preapplication was made State EO 12372 process for late: November 3, 2005 lis not covered by EO # 12372 thas not been selected by the review. It on any Federal debt? | | | |
| a. Federal \$11 b. Applicant c. State d. Local e. Other The Program Income 3. TOTAL \$11 | 3,218 a. YES: \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$17. Is th | _X_ This appliavailable to the streview on: Date | broccss? lication/preapplication was made State EO 12372 process for late: November 3, 2005 lis not covered by EO # 12372 has not been selected by the review. lt on any Federal debt? lt on X_NO | | | |
| a. Federal \$11 b. Applicant c. State d. Local c. Other The Program Income g. TOTAL \$11 | 3,218 | _X_ This appliavailable to the streview on: Date | brocess? lication/preapplication was made State EO 12372 process for ate: November 3, 2005 its not covered by EO # 12372 has not been selected by the review. it on any Federal debt? on X_NO | | | |
| a. Federal \$11 b. Applicant c. State d. Local c. Other f. Program Income g. TOTAL \$11 18. TO THE BEST OF MY KNOWLEDGE AN TRUE AND CORRECT, THE DOCUMENT HA | 3,218 | _X_ This applayable to the Section on: Date | brocess? Ilication/preapplication was made State EO 12372 process for ate: November 3, 2005 its not covered by EO # 12372 has not been selected by the review. It on any Federal debt? on X_NO /PREAPPLICATION ARE RNING BOARD OF THE | | | |
| a. Federal \$11 b. Applicant c. State d. Local e. Other f. Program Income g. TOTAL \$11 18. TO THE BEST OF MY KNOWLEDGE AN TRUE AND CORRECT, THE DOCUMENT HA APPLICANT, AND THE APPLICANT WILL C | 3,218 | _X_ This applayable to the Section on: Date | brocess? Ilication/preapplication was made State EO 12372 process for ate: November 3, 2005 its not covered by EO # 12372 has not been selected by the review. It on any Federal debt? on X_NO /PREAPPLICATION ARE RNING BOARD OF THE | | | |
| a. Federal \$11 b. Applicant c. State d. Local e. Other f. Program Income g. TOTAL \$11 18. TO THE BEST OF MY KNOWLEDGE AN TRUE AND CORRECT, THE DOCUMENT HA APPLICANT, AND THE APPLICANT WILL C IS AWARDED. | Executiv 3,218 a. YES: \$0 \$0 \$0 \$0 b. NO: \$0 3,218 17. Is th 17. Is th 18. BEEN DULY AUTHORIZ COMPLY WITH THE ATTAC | _X_ This applavailable to the streview on: Program Program state for ac applicant delinquen YES, attach explanation THIS APPLICATION ZED BY THE GOVER | brocess? lication/preapplication was made State EO 12372 process for ate: November 3, 2005 his not covered by EO # 12372 has not been selected by the review. It on any Federal debt? DRAW NO /PREAPPLICATION ARE RNING BOARD OF THE S IF THE ASSISTANCE | | | |
| a. Federal \$11 b. Applicant c. State d. Local e. Other f. Program Income g. TOTAL \$11 18. TO THE BEST OF MY KNOWLEDGE AN TRUE AND CORRECT, THE DOCUMENT HA APPLICANT, AND THE APPLICANT WILL C IS AWARDED. a. Typed Name of Authorized Representative | 3,218 | _X_ This applavailable to the streview on: Program Program state for ac applicant delinquen YES, attach explanation THIS APPLICATION ZED BY THE GOVEL CHED ASSURANCE | broccss? lication/preapplication was made State EO 12372 process for late: November 3, 2005 lis not covered by EO # 12372 lhas not been selected by the review. It on any Federal debt? In X_NO IPREAPPLICATION ARE RNING BOARD OF THE S IF THE ASSISTANCE C. Telephone Number | | | |
| a. Federal \$11 b. Applicant c. State d. Local e. Other f. Program Income g. TOTAL \$11 18. TO THE BEST OF MY KNOWLEDGE AN TRUE AND CORRECT, THE DOCUMENT HA APPLICANT, AND THE APPLICANT WILL C IS AWARDED. | Executiv 3,218 a. YES: \$0 \$0 \$0 \$0 b. NO: \$0 3,218 17. Is th 17. Is th 18. BEEN DULY AUTHORIZ COMPLY WITH THE ATTAC | _X_ This applavailable to the streview on: Program Program state for ac applicant delinquen YES, attach explanation THIS APPLICATION ZED BY THE GOVER | broccss? lication/preapplication was made State EO 12372 process for late: November 3, 2005 lis not covered by EO # 12372 lhas not been selected by the review. It on any Federal debt? In X_NO IPREAPPLICATION ARE RNING BOARD OF THE S IF THE ASSISTANCE C. Telephone Number | | | |
| a. Federal \$11 b. Applicant c. State d. Local c. Other f. Program Income g. TOTAL \$11 18. TO THE BEST OF MY KNOWLEDGE AN TRUE AND CORRECT, THE DOCUMENT HA APPLICANT, AND THE APPLICANT WILL C IS AWARDED. a. Typed Name of Authorized Representative Celeste Cantú | Executiv 3,218 a. YES: \$0 \$0 \$0 \$0 b. NO: \$0 3,218 17. Is th 17. Is th 18. BEEN DULY AUTHORIZ COMPLY WITH THE ATTAC | _X_ This applavailable to the streview on: Program Program state for ac applicant delinquen YES, attach explanation THIS APPLICATION ZED BY THE GOVEL CHED ASSURANCE | broccss? lication/preapplication was made State EO 12372 process for ate: November 3, 2005 its not covered by EO # 12372 thas not been selected by the review. It on any Federal debt? on X_NO /PREAPPLICATION ARE RNING BOARD OF THE S IF THE ASSISTANCE c. Telephone Number (916) 341-5615 | | | |
| A. Federal \$11 D. Applicant E. State E. Local E. Other E. Program Income S. TOTAL \$11 18. TO THE BEST OF MY KNOWLEDGE AN TRUE AND CORRECT, THE DOCUMENT HAPPLICANT, AND THE APPLICANT WILL CLIS AWARDED. a. Typed Name of Authorized Representative | Executiv 3,218 a. YES: \$0 \$0 \$0 \$0 b. NO: \$0 3,218 17. Is th 17. Is th 18. BEEN DULY AUTHORIZ COMPLY WITH THE ATTAC | _X_ This applavailable to the streview on: Program Program state for ac applicant delinquen YES, attach explanation THIS APPLICATION ZED BY THE GOVEL CHED ASSURANCE | broccss? lication/preapplication was made State EO 12372 process for late: November 3, 2005 lis not covered by EO # 12372 lhas not been selected by the review. It on any Federal debt? In X_NO IPREAPPLICATION ARE RNING BOARD OF THE S IF THE ASSISTANCE C. Telephone Number | | | |

| APPLICATION FOR FEDERAL ASSISTANCE | | 2. DATE SUBMITTED 10/28/05 | | Applicant Ident | Version 7/03 ifier | |
|---|--|-------------------------------|--|--|---|--|
| 1. TYPE OF SUBMISSION: Application | Pre-application | 3. DATE RECEIVED BY | STATE | State Applicati | on Identifier | |
| Construction | ☑ Construction | 4. DATE RECEIVED BY I | FEDERAL AGENCY | Federal Identif | ier | |
| Non-Construction | Non-Construction | | | | | |
| 5. APPLICANT INFORMATION Legal Name: | JN | | Organizational Unit: | | | |
| Plowshares Peace and Justic | ce Center, Inc. | | Department: Community Dining Ro | oom | | |
| Organizational DUNS: | | | Division: | | | |
| Address: | | | | | rson to be contacted on matters | |
| Street: 150 Luce Avenue | | | involving this applic | | a code) | |
| P.O. Box 475 | | | Prefix: Ms. | First Name: Mary | | |
| City: Ukiah | | | Middle Name | | | |
| County: Mendocino | | | Last Name Buckley | | | |
| State: CA | Zip Code 95482 | | Suffix: | | | |
| Country: | | | Email: | net | | |
| Mendocino 6. EMPLOYER IDENTIFICATION | TION NUMBER (EIN). | | | plowshares@pacific.net Phone Number (give area code) Fax Number (give area code) | | |
| 68-021878 | , | | (707) 462-8582 | | | |
| 8. TYPE OF APPLICATION: | | | 7. TYPE OF APPLIC | ANT: (See back | of form for Application Types) | |
| V 1 | New 🖺 Continuation | on Revision | | • | | |
| If Revision, enter appropriate | letter(s) in box(es) | on a revision | O - Not for Profit Orga | anization | | |
| (See back of form for descript | ion of letters.) | - Constitution | Other (specify) | | | |
| Other (specify) | | | 9. NAME OF FEDER U.S. Department of A | | | |
| 10. CATALOG OF FEDERA | L DOMESTIC ASSISTAN | CE NUMBER: | 11. DESCRIPTIVE T | TLE OF APPLI | CANT'S PROJECT: | |
| | | 10-766 | Construction of New very low income fam | Community Dini | ing Room serving homeless and lals: Kitchen Equipment Purchase. | |
| TITLE (Name of Program): U.S. Department of Agricultu | | | | | | |
| 12. AREAS AFFECTED BY | PROJECT (Cities, Countie | es, States, etc.): | | | | |
| Census Tract 116, Ukiah, Inl | and Mendocino County | | | | | |
| 13. PROPOSED PROJECT | [| | 14. CONGRESSION | AL DISTRICTS | OF: b. Project | |
| Start Date: 11-1-05 | Ending Date: 10-31-07 | | a. Applicant 1st District - Mike The | ompson | 1st District - Mike Thompson | |
| 15. ESTIMATED FUNDING: | | | 16. IS APPLICATION ORDER 12372 PROC | | REVIEW BY STATE EXECUTIVE | |
| a. Federal | S | 60,000 · | THIS PR | EAPPLICATION | I/APPLICATION WAS MADE | |
| b. Applicant | | | AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON | | | |
| c. State | \$ 0 3 2005 | 965,000 | DATE: | | | |
| d. Local NO | \$ | 35,000 | b. No. T PROGRA | AM IS NOT COV | ERED BY E. O. 12372 | |
| e. Other STATE CLEARING HOUSE 350,000 | | OR PRO | | T BEEN SELECTED BY STATE | | |
| f. Program Income | Burney commence and the second | 0 | 17. IS THE APPLICA | NT DELINQUE | NT ON ANY FEDERAL DEBT? | |
| a. TOTAL \$.00 | | | _ ☐ Yes If "Yes" attac | h an explanatio | n. 🗗 No | |
| 40 TO THE PEOT OF MY | NOW FROM AND RELIE | 2,800,365 | 1 | • | TRUE AND COPPECT. THE | |

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

| a. Authorized Representative | | |
|----------------------------------|-----------------------|--|
| Prefix Ms. | First Name Mary | Middle Name |
| Last Name Buckley | | Suffix |
| b. Title Executive Director | | c. Telephone Number (give area code) (707) 462-8582 |
| d. Signature of Authorized Repre | sentative Man Buckler | e. Date Signed /o -28-05 |

Previous Edition Usable Authorized for Local Reproduction Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102

OMB Approval No. 0348-0043

| PPLICATION FOR FED | ERAL ASSISTANCE | 2. Date Submitted | Applicant Identifier | | |
|---|------------------------------|--|--|--|--|
| Type of Submission: | | 3. Date Rcc'd by State | State Application Identifier | | |
| pplication Pres | application | | | | |
| Construction | Construction | 4. Date Rec'd by Federal | Federal Identifier | | |
| X Nonconstruction | Nonconstruction | | 1 | | |
| Mondough danon | | | | | |
| Applicant Information: | | Organizational Unit: | Vacan Quality Control Board | | |
| egal Name and Address: | | San Francisco Regional V | Vater Quality Control Board | | |
| ive city, county, state, and zir | code) | Name and telephone of p | crean to be contacted on matters | | |
| State Water Reso | urces Control Board | involving this application | (give area code). | | |
| 1001 I Street, Sac | | Gina Kathuria | • | | |
| Sacramento, Cali | fornia 95814 | (510) 622-2378 | | | |
| and the agreement | mber (EIN): 680281986 | 7. Type of Applicant: (c) | ter appropriate letter) _A | | |
| Employer Identification Nur | moer (EIIA): 000201200 | A. State | H. Independent School District | | |
| | | B. County | I. State Institute of Higher Learning | | |
| DUNS Number: 80832 | 1913 | C. Municipal | J. Private University | | |
| . Type of Application: | Continue diam | D. Township | K. Indian Tribo | | |
| X_NewRevision | Continuation | E. Interstate | L. Individual | | |
| Revision, enter appropriate l | etter(s): | F. Intermunicipal | M. Profit Organization | | |
| . Increase Award | B. Decrease Award | G. Special District | | | |
| Increase Duration | | Gr. Special District | | | |
| Other (specify) | _ | 9. Name of Federal Age | ncy: | | |
| 0. Catalog of Federal Domes | tic Assistance Number | | rtment of Energy | | |
| 0. Catalog of Federal Domes | the Assistance Hambon | | | | |
| | , Investigations and Special | 11. Descriptive Title of | Applicant's Project: | | |
| Title: Surveys, Studies Purpose Grants | | | | | |
| Furpose Chang | 3 | Provide funding support | of the assessment and cleanup of the | | |
| 2. Area Affected by Project: | | environmental managem | ent programs at the Department of Energy | | |
| cities, counties, states, etc.) | | Lawrence Berkelev Nati | onal Laboratory (LBNL) at Berkeley, CA | | |
| Crites, countres, states, cic.) | ay area, California | and the Stanford Linear Accelerator (SLAC) at Palo Alto, CA. | | | |
| 3. Proposed Project: | ary many comments | | | | |
| Start Date | End Date | 14. Congressional Distr | ict of: | | |
| 1/1/2006 | 12/31/2008 | Applicant: | Project: | | |
| II II ZUUU | | 3 | California - All | | |
| 15. ESTIMATED FUNDING | : | 16. Is the application su | bject to review by the State | | |
| LA. EDIAMILLAND I ONDING | | Executive Order (EO) | 2372 process? | | |
| a. Federal | \$278,8 57 | a. YES: X Th | is application/preapplication was made | | |
| o. Applicant | \$0 | available (| o the State BO 12372 process for | | |
| c. State | \$0 | review on | | | |
| d. Local | \$0 | | Datc: November 2, 2005 | | |
| c. Other | \$0 | | ogram is not covered by EO # 12372 | | |
| f. Program Income | \$0 | | ogram has not been selected by the | | |
| . i rogram meeme | | sta | to for review. | | |
| g. TOTAL | \$278,857 | | nquent on any Federal debt? | | |
| 5 O. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. | , | YES, attach exp | | | |
| | <u>-</u> - | | | | |
| 18. TO THE BEST OF MY I | NOWLEDGE AND BELIEF, AL | L DATA IN THIS APPLICA | TION/PREAPPLICATION ARE | | |
| COLUMN CODDECT CHI | E DOCUMENT HAS BEEN DUL | Y AUTHORIZED BY DIE G | OARKINING BOYKTI OF THE | | |
| APPLICANT, AND THE AP | PLICANT WILL COMPLY WITH | H THE ATTACHED ASSUR | ANCES IF THE ASSISTANCE | | |
| IS AWARDED. | | | | | |
| a. Typed Name of Authorized | 1 Representative | b. Title: | c. Telephone Number | | |
| a. Typed Name to Addition 2. | | Executive | Director (916) 341-5615 | | |
| Consists Charles | | | | | |
| d. Signature of Authorized R | epresentative | | c. Date Signed: | | |
| | Roser Rates No. Dates | II /rer | | | |
| | RECE | IVED L | | | |
| Previous Editions Not Usable | AUTHORIZED FO | R LOCAL REPRODUCTION | Standard Form 424 (Rev 7-97 | | |
| | | | n | | |

STATE CLEARING HOUSE

| APPLICATION FOR | | | | | Version 7/0 | |
|--|--------------------------|------------------------------------|---|------------------------------|--|--|
| FEDERAL ASSISTANCE | E | 2. DATE SUBMITTED | | Applicant Idea | ntifier | |
| 1. TYPE OF SUBMISSION: | | 3. DATE RECEIVED BY STATE | | State Application Identifier | | |
| Application | Pre-application | 4. DATE RECEIVED BY FEDERAL AGENCY | | Federal Ident | ifier | |
| Construction | Construction | | i i corione name | | | |
| Non-Construction 5. APPLICANT INFORMATIO | <u> </u> | | | | | |
| Legal Name: | | | Organizational Unit: | | | |
| Sweetwater Authority | | | Department: Environmental and G | overnmental Se | ervices | |
| Organizational DUNS: 084248467 | | | Division: N/A | | | |
| Address: | | | | | erson to be contacted on matters | |
| Street: P.O. Box 2328 | | | involving this applic Prefix: | First Name: | a code) | |
| | | | Mr, | Rick | | |
| City: Chula Vista | | | Middle Name | | | |
| County: San Diego | | | Last Name Alexander | | | |
| State: CA | Zip Code 91912-2328 | | Suffix: | | | |
| Country: United States | | | Email: ralexander@sweetwa | nter.org | | |
| 6. EMPLOYER IDENTIFICATI | ON NUMBER (EIN): | | Phone Number (give a | | Fax Number (give erea code) | |
| 95-275939 | 9 | | (619) 409-6830 | | (619) 475-9726 | |
| 8. TYPE OF APPLICATION: | | | 7. TYPE OF APPLICA | ANT: (See bac | k of form for Application Types) | |
| ☑ Ne | | on 🔲 Revision | G | | | |
| If Revision, enter appropriate le (See back of form for descriptio | | | Other (specify) | | | |
| Other (encelfu) | | | 9. NAME OF FEDERA | M AGENCY: | | |
| Other (specify) | | | U.S. Environmental Protection Agency | | | |
| 10. CATALOG OF FEDERAL | DOMESTIC ASSISTAN | CE NUMBER: | 11. DESCRIPTIVE TO | | | |
| | | 66-608 | Ambient monitoring of operated by Sweetwa | | sediment quality at reservoirs | |
| TITLE (Name of Program): Appropriations Act of 2005 | | | 0, | | | |
| 12. AREAS AFFECTED BY P | ROJECT (Cities, Countie | s, States, etc.): | | | | |
| Chula Vista, National City, and | Bonita; San Diego Coun | ty, CA | | | | |
| 13. PROPOSED PROJECT | - 1 | | 14. CONGRESSIONA | L DISTRICTS (| | |
| Start Date: 7-01-05 | Ending Date: 6-30-06 | | a. Applicant District 50 (Filner) | | b. Project Dist 50 (Filner) and 52 (Hunter) | |
| 15. ESTIMATED FUNDING: | | | | | REVIEW BY STATE EXECUTIVE | |
| a. Federal \$ | | ,00 | ORDER 12372 PROCE | | APPLICATION WAS MADE | |
| | | 96,200 | _a. Tes. ⊯ AVAILABI | E TO THE STA | TE EXECUTIVE ORDER 12372 | |
| b. Applicant \$ | | 151,400 | PROCES | S FOR REVIEW | VON | |
| c. State S | | .00 | DATE: 10 | -26-05 | | |
| d, Local \$ | | <u>.</u> | b. No. 🔲 PROGRAI | M IS NOT COV | ERED BY E. O. 12372 | |
| e, Other \$ | | ָנאַנ | OR PROG | | FBEEN SELECTED BY STATE | |
| f. Program Income \$ | | , w | 17. IS THE APPLICAN | | IT ON ANY FEDERAL DEBT? | |
| g. TOTAL \$ | | 247,600 | Yes If "Yes" attach | an explanation. | ☑ No | |
| 18. TO THE BEST OF MY KNO | WLEDGE AND BELIEF | , ALL DATA IN THIS APF | LICATION/PREAPPLIC | ATION ARE TI | RUE AND CORRECT. THE | |
| DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF | AUTHORIZED BY THE | GOVERNING BODY OF | THE APPLICANT AND | THE APPLICAN | NT WILL COMPLY WITH THE | |
| a. Authorized Representative | | TARDES: | | | • | |
| Prefix Mr. | First Name Mark | | Middle I N. | Name | | |
| Last Name Suffix Rogers | | | | | | |
| o. Title | | | | hone Number (| give area code) | |
| Operatione Manager I. Signature of Authorized Representative DECEIVE | | e. Date | 09-6702 Signed | | | |
| Previous Edition Usable | | ILLULIVE | 10-26-0 |)5 | Standard Form 424 (Rev.9-2003) | |
| Authorized for Local Reproduction | on 0 | NOV 0 1 200 |)5 | | Prescribed by OMB Circular A-102 | |
| | | • | | | | |
| | 1 | | | | | |

| T.YPE OF SUBMISSION: Application Pre-application Construction Constructio | APPLICATION FOR | 2. DATE SUBMITTED | | A | Version 7/03 | |
|--|--|--|---|------------------------------|----------------------------------|--|
| Application Pro-application Construction Revision Revisi | FEDERAL ASSISTANCE | , | | Applicant Identifier | | |
| A DATE RECEIVED BY FEDERAL AGENCY Federal Identifier | | 3. DATE RECEIVED BY STATE | | State Application Identifier | | |
| Non-Construction Non-Construction September Public Works | | 4. DATE RECEIVED BY | FEDERAL AGENCY | Federal Identif | ier | |
| Legal Name: COUNTY OF SAN DIEGO Crganizational DINS: Creational DINS: County: USA County: US | ☐ Non-Construction ☐ Non-Construction | | **** | | | |
| COUNTY OF SAN DIEGO Organizational DUNS Organizational DUNS Oversity Street Str | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | Organizational Unit: | | | |
| Organizational DUNS: 00-9551646 Organization | | | Department: | PUBLIC WORK | S | |
| Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: LOU | Organizational DUNS: | | Division: | | <u> </u> | |
| Involving this application (give area code) Prefix First Name COUNTY EL CAJON Middle Name Lest Name BARNES | | | | | rson to be contacted on matters | |
| See Date of Program | Street: | | involving this application (give area code) | | | |
| EL CAJON Country: SAN DIEGO State: CA Zip Code 92020 Suffix: Email: Lourdes.Barnes@adcounty.ca.gov Email: Lourdes.Barnes@adcounty.ca.gov Far. Number (give area code) (619) 956-4830 (619) 956-4830 (619) 956-4830 (619) 956-4830 T. TYPE OF APPLICATION: TO Now Continuation II Revision (619) 956-4830 T. TYPE OF APPLICATION: To Now Continuation II Revision (619) 956-4830 T. TYPE OF APPLICATION: To Now Continuation II Revision (619) 956-4830 T. TYPE OF APPLICATION: To Now Continuation II Revision (619) 956-4830 T. TYPE OF APPLICATION: To Now Continuation II Revision (619) 956-4830 T. TYPE OF APPLICATION: To Now Continuation II Revision (619) 956-4830 T. TYPE OF APPLICATION: To Now Continuation II Revision (619) 956-4830 T. TYPE OF APPLICATION: To Now Continuation II Revision (619) 956-4830 T. TYPE OF APPLICATION: To Now Continuation II Revision (619) 956-4830 T. TYPE OF APPLICATION: The Order of Poplary: The Order of Po | | | | LC | U | |
| SAN DIEGO State: CA Zip Code 92020 Suffix: | City: EL CAJON | | Middle Name | | | |
| Country: USA Email: Lourdes.Barnes@sdocounty.ca.gov Phone Number (give area code) Fax Nu | | | Last Name BARNES | | | |
| Email: Lourdes Barnas@sdcounty.ca.gov 6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 5 6 0 0 9 3 4 8. TYPE OF APPLICATION: 7. Now Continuation Revision (See back of form for description of letters.) 9 10 10 10 10 10 10 10 1 | State: Zip Code | | Suffix: | | | |
| Phone Number (give area code) (619) 956-4835 Fax Number (give area code) (619) 956-8335 Fax Number (give | Country: | *************************************** | Email: | <u> </u> | | |
| 8. TYPE OF APPLICATION: | | | | | | |
| 8. TYPE OF APPLICATION: New Continuation Revision | 9151-610101913141 | | (619) 956-4835 | • | (619) 956-4801 | |
| If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) In CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: ITITLE (Name of Program): AIRPORTS IMPROVEMENT PROGRAM (AIP) 12. AREAS AFFECTED BY PROJECT (Oties, Counties, States, etc.): CARLSBAD, CA 13. PROPOSED PROJECT Ital Date: ITIBD | | and the same of the same will be same and the same and th | 7. TYPE OF APPLICA | NT: (See back | c of form for Application Types) | |
| Other (specify) Other (specify) Other (specify) 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): AIRPORTS IMPROVEMENT PROGRAM (AIP) 11. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): CARLSBAD, CA 13. PROPOSED PROJECT TBD 15. ESTIMATED FUNDING: A. Applicant B. B. SPPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 B. No. III PROGRAM IS NOT COVERED BY E. O. 12372 B. No. III PROGRAM IS NOT COVERED BY E. O. 12372 B. No. III PROGRAM IS NOT COVERED BY E. O. 12372 B. No. III PROGRAM IS NOT EXECUTIVE ORDER 12372 B. No. III PROGRAM IS NOT EXECUTIVE ORDER 12372 B. No. III PROGRAM IS NOT EXECUTIVE ORDER 12372 B. No. III PROGRAM IS NOT EXECUTIVE ORDER 12372 B. No. III PROGRAM IS NOT EXECUTIVE ORDER 12372 B. No. III PROGRAM IS NOT EXECUTIVE ORDER 12372 B. No. III PROGRAM IS NOT EXECUTIVE ORDER 12372 B. No. III PROGRAM IS NOT EXECUTIVE ORDER 12372 B. No. III PROGRAM IS NOT EXECUTIVE ORDER 12372 B. No. III PROGRAM IS NOT EXECUTIVE ORDER 12372 B. No. III PROGRAM IS NOT EXECUTIVE ORDER 12372 B. No. III PROGRAM IS NOT EXECUTIVE ORDER | | n Revision | В | | | |
| FEDERAL AVIATION ADMINISTRATION | | | Other (specify) | | | |
| FEDERAL AVIATION ADMINISTRATION | Other (specify) | | 9 NAME OF FEDERA | M AGENCY: | | |
| TITLE (Name of Program): AIRPORTS IMPROVEMENT PROGRAM (AIP) 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): CARLSBAD, CA 13. PROPOSED PROJECT TBD TBD TBD TBD TBD TBD TBD T | | | FEDERAL AVIATION | ADMINISTRAT | | |
| TITLE (Name of Program): AIRPORTS IMPROVEMENT PROGRAM (AIP) 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): CARLSBAD, CA 13. PROPOSED PROJECT Start Date: TBD Ending Date: TBD 15. ESTIMATED FUNDING: A. APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 10/24/05 b. No. PROGRAM IS NOT COVERED BY E. O. 12372 e. Other STATE CLEARING HOUSE G. TOTAL 17. IS THE APPLICATION ANY FEDERAL DEBT? G. TOTAL 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT DELINQUENT ON ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. a. Authorized Representative Prefix PRINKWATER D. Title DRINKWATER D. Title DOLINGTOR OF COUNTY AIRPORTS d. Signature of Authorized Representative Prefix D. Title D. | 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE | CE NUMBER: | | | | |
| AIRPORTS IMPROVEMENT PROGRAM (AIP) 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): CARLSBAD, CA 13. PROPOSED PROJECT Start Date: TBD TBD TBD TBD TBD TBD TBD TBD | TITLE (Name of Brogram): | 20-106 | 1 | | | |
| CARLSBAD, CA 13. PROPOSED PROJECT Start Date: | ` AIRPORTS IMPROVEMENT PROGRAM (AI | , | | | | |
| 13. PROPOSED PROJECT Start Date: | | s, States, etc.): | | | | |
| Start Date: TBD Ending Date: TBD 51 15. ESTIMATED FUNDING: 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? 1.140,000 0.000 0 | | | 44 CONCRESSIONA | I DISTRICTS |)r. | |
| 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Federal D. Applicant D. Applica | | | a. Applicant | L DISTRICTS | | |
| a. Federal Comparison Comp | | | | CUR IECT TO | = : | |
| b. Applicant Description | | | ORDER 12372 PROCI | ESS? | | |
| c. State NOV 0 1 2005 DATE: 10/24/05 d. Local STATE CLEARING HOUSE D. No. PROGRAM IS NOT COVERED BY E. O. 12372 e. Other STATE CLEARING HOUSE D. No. PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW f. Program Income 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? g. TOTAL STATE CLEARING HOUSE Program Income 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? g. TOTAL STATE CLEARING HOUSE Program Income Program Inco | a. Federal | | | | | |
| C. State State St | b. Applicant | | | | | |
| d. Local e. Other STASE CLEARING HOUSE f. Program Income g. TOTAL 1,200,000 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. a. Authorized Representative Prefix Prefix PETER Middle Name L. Suffix DRINKWATER DRINKWATER D. Title DIRECTOR OF COUNTY AIRPORTS d. Signature of Authorized Representative P. Date Signed 10/20/05 | c. State \$10 \ 1 2005 | £ ' | DATE: 10 |)/24/05 | | |
| e. Other STASE CLEARING HOUSE OU OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? I Yes If "Yes" attach an explanation. I Yes If "Yes" attach an explanation. I No 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. a. Authorized Representative Prefix First Name DRINKWATER DRINKWATER DRINKWATER C. Telephone Number (give area code) (619) 956-4839 d. Signature of Authorized Representative e. Date Signed 10/20/05 | | .00 | PROGRA | M IS NOT COV | ERED BY E. O. 12372 | |
| f. Program Income f. Program In | e. Other STATE CLEARING HOUS | SE 00 | _ | GRAM HAS NO | F BEEN SELECTED BY STATE | |
| g. TOTAL 1,200,000 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. a. Authorized Representative Prefix First Name PETER Middle Name L. Suffix DRINKWATER DRINKWATER DRINKWATER C. Telephone Number (give area code) (619) 956-4839 d. Signature of Authorized Representative e. Date Signed 10/20/05 | The state of the s | mara same | FOR REV | IEW | | |
| 1,200,000 Tyes If "Yes" attach an explanation. No 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. a. Authorized Representative Prefix First Name Middle Name L. Last Name DRINKWATER b. Title DIRECTOR OF COUNTY AIRPORTS C. Telephone Number (give area code) (619) 956-4839 d. Signature of Authorized Representative e. Date Signed 10/20/05 | | | - | TI DELINGOEI | TOWART FEDERAL DEBT! | |
| DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. a. Authorized Representative Prefix First Name PETER Middle Name L. Suffix b. Title DIRECTOR OF COUNTY AIRPORTS d. Signature of Authorized Representative e. Date Signed 10/20/05 | | 1,200,000 · | | · | | |
| Prefix First Name PETER Middle Name L. Last Name DRINKWATER b. Title DIRECTOR OF COUNTY AIRPORTS (619) 956-4839 d. Signature of Authorized Representative e. Date Signed 10/20/05 | DOCUMENT HAS BEEN DULY AUTHORIZED BY THE | GOVERNING BODY OF | | | | |
| DRINKWATER b. Title DIRECTOR OF COUNTY AIRPORTS d. Signature of Authorized Representative DIRECTOR OF Authorized Representative DIRECTOR OF Authorized Representative DIRECTOR OF COUNTY AIRPORTS DIRECTOR OF COUNTY A | | | Middle | Name | | |
| DRINKWATER b. Title DIRECTOR OF COUNTY AIRPORTS d. Signature of Authorized Representative C. Telephone Number (give area code) (619) 956-4839 e. Date Signed 10/20/05 | PETER | | | L. | | |
| DIRECTOR OF COUNTY AIRPORTS d. Signature of Authorized Representative e. Date Signed 10/20/05 | Last Name DRINKWATER | | | | | |
| d. Signature of Authorized Representative e. Date Signed 10/20/05 | | | | | | |
| | b Title | 1 | (619) | 956-4839 | give area code) | |
| Previous Edition Usable Standard Form 424 (Rev.9-2003) Authorized for Local Reproduction Prescribed by OMB Circular A-102 | b. Title DIRECTOR OF COUNTY AIRPORTS d. Signature of Authorized Regress attative | faur | (619) | 956-4839 Signed | give area code) | |

| FEDERAL ASSISTANCE | ≣ | 2. DATE SUBMITTED | | Applicant Ider | ntifier version 7/0. | | |
|---|-----------------------------------|--|--|---|--|--|--|
| 1. TYPE OF SUBMISSION: | | 10/20/2005 3. DATE RECEIVED BY STATE | | State Application Identifier | | | |
| Application | Pre-application | 4. DATE RECEIVED BY FEDERAL AG | | | | | |
| ✓ Construction Non-Construction | ☐ Construction ☐ Non-Construction | | | GENCY Federal Identifier | | | |
| 5. APPLICANT INFORMATION | | | | | | | |
| Legal Name: | | | Organizational Unit: Department: | | | | |
| COUNTY OF SAN DIEGO | | | • | PUBLIC WORK | S | | |
| Organizational DUNS: 00-95816 | 46 | | Division: AIRPORTS | | | | |
| Address: Street: | | | | | rson to be contacted on matters | | |
| | | | involving this application (give area code) Prefix: First Name: | | | | |
| 1960 JOE CROSSON DR. City: EL CAJON | | | Middle Name | l PE | ETER | | |
| County: SAN DIEGO | | | Last Name DRINKW | /ATER | | | |
| State: CA | Zip Code 92020 | on the state of th | Suffix: | | | | |
| Country: USA | - | | Email: PETER D | RINKWATER@: | sdcounty ca gov | | |
| 6. EMPLOYER IDENTIFICATION | N NUMBER (EIN): | | Phone Number (give | | Fax Number (give area code) | | |
| 95-6000934 | 7 | | (619) 956-483 | 9 | (619) 956-4801 | | |
| 8. TYPE OF APPLICATION: | | | 7. TYPE OF APPLIC | ANT: (See back | k of form for Application Types) | | |
| If Revision, enter appropriate let | | n Revision | В | | | | |
| (See back of form for description | of letters.) | | Other (specify) | | | | |
| Other (specify) | | | | FEDERAL AGENCY: VIATION ADMINISTRATION | | | |
| 10. CATALOG OF FEDERAL | DOMESTIC ASSISTAN | CE NUMBER: | 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: | | | | |
| TITLE (Name of Program): | ORT IMPROVEMENT F | 20-106 PROGRAM (AIP) | TOWER / TRANSIE | | FAIR TRAFFIC CONTROL ESS ROAD | | |
| 12. AREAS AFFECTED BY PR | OJECT (Cities, Counties | s, States, etc.): | | | | | |
| FALLBROOK, SAN DIEGO, CA | | | | | | | |
| 13. PROPOSED PROJECT Start Date: | Ending Date: | An add a feature | a. Applicant | AL DISTRICTS | T | | |
| TBD | TBD | | 52 | | b. Project 52 | | |
| 15. ESTIMATED FUNDING: | | | 16. IS APPLICATION | | REVIEW BY STATE EXECUTIVE | | |
| a. Federal \$ | | 475,000 · | Yes THIS PR | REAPPLICATION | I/APPLICATION WAS MADE ATE EXECUTIVE ORDER 12372 | | |
| b. Applicant | CEN/FI | 1,250 | | SS FOR REVIEW | | | |
| c. State | | | | | DATE: 10/20/05 (Faxed to (916) 323.3018) ・+ mailed | | |
| d. Local \$ | NOV 0 1 2005 | .00 | b. No. 🏻 PROGRA | PROGRAM IS NOT COVERED BY E. O. 12372 | | | |
| e. Other \$ | | NISE | 1 8 1 | | T BEEN SELECTED BY STATE | | |
| f. Program Income | ATE CLEARING HO | ,000 .00 | 17. IS THE APPLICA | | NT ON ANY FEDERAL DEBT? | | |
| g. TOTAL \$ | | 500,000 | Yes If "Yes" attac | h an explanation | . 🛮 🗗 No | | |
| 18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF T | AUTHORIZED BY THE | GOVERNING BODY OF | PLICATION/PREAPPL THE APPLICANT AND | ICATION ARE T THE APPLICA | RUE AND CORRECT. THE NT WILL COMPLY WITH THE | | |
| a. Authorized Representative Prefix First Name | | | Middle | Middle Name | | | |
| Last Name | | | Suffix | L. Suffix | | | |
| DRINKWATER b. Title | | | | c. Telephone Number (give area code) | | | |
| DIRECTOR OF COUNTY AIRPORTS d. Signature of Authorized Representative | | | (619) | (619) 956-4839 e. Date Signed | | | |
| Previous Edition Usable | | | J. Dut | 10/20/05 | | | |
| Authorized for Local Reproductio | n 🗸 | | | | Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102 | | |